



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 16 2015

Mr. Mark W. Ohlendorf, Officer
CCRC-Brandywine LLC
6737 West Washington Street, Suite 2300
Milwaukee, Wisconsin 53214

RE: The Gardens at Freedom Village
25 Freedom Boulevard
West Brandywine, Pennsylvania 19320
License #: 126000

Dear Mr. Ohlendorf:

As a result of the Department of Human Services' annual licensing inspections on June 23, 2015 and June 24, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 12600 - 06/23/2015 - Hoover, Douglas
 PCH Name: THE GARDENS AT FREEDOM VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
 The first aid kit in the 2nd floor medication room did not have scissors.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- A review of all first aid kits will be conducted on a weekly basis to audit the supplies. Breakable banding will be use to alert the inspector that the first aid kit was used and items may be missing. Once the audit is completed missing items will be replenished. If a staff member uses the first aid kit they will complete an internal notification form that the first aid kit was opened and used. The Audit form will submit to The Health and Wellness Director and/or the Resident Care Coordinator will review them on a weekly basis the documents and will initial that they have inspected each form for proper compliance.
- Steps to correct are immediate and ongoing. Sample Form Attached.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *David J. Maciukiewicz*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *DAVID J. MACIUKIEWICZ, Administrator* Date *08-01-2015*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>10-1-15</u> (Date) The above plan of correction was approved by <u>EE</u> (Initials)	Plan of correction implementation status as of <u>10-1-15</u> (Date) <input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 12600 - 06/23/2015 - Hoover, Douglas
 PCH Name: THE GARDENS AT FREEDOM VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The June 2015 medication administration record for Resident #1 did not include drug allergies. Resident #1 is allergic to *Zelnorm*.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- The Health and Wellness Director and/or the Resident Care Coordinator will coordinate with the nursing staff a pre-entry and inspection the medication administration record (MAR) and RECAP of the physician plan before they become active in the resident chart. They will review each document for the diagnosis or purpose for documentation on each form.
- The Health and Wellness Director and/or the Resident Care Coordinator will review on a monthly basis the documents and will initial that they have inspected each form for proper compliance.
- Steps to correct are immediate and ongoing.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

David J. Marickiewicz

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

DAVID J. MARICKIEWICZ

Date 08-01-2015

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The above plan of correction is approved as of 10-1-15
 (Date)

Plan of correction implementation status as of 10-1-15
 (Date)

The above plan of correction was approved by SE
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12600 - 06/23/2015 - Hoover, Douglas
 PCH Name: THE GARDENS AT FREEDOM VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #2 was not given *Lasix, 20 mg.* on 6/21/15 at 5:00 am because the home did not have the prescribed medication.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- All nursing staff is required to report medication errors to their supervisor upon immediate discovery or occurrence. Upon discovery a medication error report will be completed. If a medication is not available as prescribe they will notify the Health and Wellness Director and/or Resident Care Coordinator and/or the charge nurse.
- All medication that is unavailable in the home due to non-availability by an outside pharmacy or provider will be immediately ordered from the Home's providers pharmacy as allowed by the resident contract under the addendum of Notice to Purchase Medications From an Outside Provider, which includes that if there is a delay in ordering drugs or providing drugs from and outside pharmacy the facility must reserve the right to order from the facilities' regular provider pharmacy as an emergency measure. This will allow the resident to receive their medications on time as prescriber by the prescriber without delay.
- Steps to correct are immediate and ongoing. Sample Form Attached.

Repeat Violation; No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *David J. Maciakiewicz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>David J. Maciakiewicz</i>	Date <i>08-01-2015</i>
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